

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 28, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT code 62290* for date of service February 18, 2003.

II. RATIONALE

- CPT Code 62290* (2) for date of service 2/18/03 denied as “U693 – By clinical practice standards, this procedure is incidental to the related primary procedure billed.” Per the 1996 Medical Fee Guideline, Surgery Ground Rule (II)(A) and CPT descriptor the global fee concept for surgical services cannot be applied for starred procedures; therefore, reimbursement in the amount of \$606.00 is recommended. (\$303.00 x 2)

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 62290* in the amount of \$606.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$606.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf